FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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OMB APPROVAL

1316644



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
<u> </u>					
DATE RECEIVE	D				

Name of Offering (check if this is an am	endment and name has changed, and indicate chang	ge.) ,
Common Stock Offering; Warrant to Purc	chase Shares of Common Stock	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6) ULOF
Type of Filing: New Filing Amer	ndment	Mall Processing
	A. BASIC IDENTIFICATION DATA	Section
1. Enter the information requested about the	issuer	
Name of Issuer (check if this is an amer	ndment and name has changed, and indicate change.	JAN 22 2 Mail
Voddler, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
228 Hamilton Avenue, 3rd Floor, Palo Alto	o, California 94301	650-798-5367 104
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		- DDOOFGOO
Brief Description of Business		PHOCESSE
Provider of global video-on-demand service	es.	JAN 2 8 2008
Type of Business Organization		- 7 2000
orporation corporation	limited partnership, already formed	other (please specify): HUMSON
business trust	limited partnership, to be formed	FINANCIAL
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization		
	CN for Canada; FN for other foreign jurisdiction	CA

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

SEC 1972 (6/02)

		A. BASIC IDENT	TIFICATION DATA	L					
2. Enter the information	requested for the following	g:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each executive office	cer and director of corpora	te issuers and of corporate	general and managing par	tners of partnershi	p issuers; and				
Each general and m	anaging partner of partners	ship issuers.							
Check Box(es) that Appl	y: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name fir	rst, if individual)								
Soderberg, Jan									
Business or Residence A	ddress (Number and Street	t, City, State, Zip Code)		-					
200 Silverlode Drive, As	spen, Colorado 81611								
Check Box(es) that Appl	y: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name fir	rst, if individual)								
Backlund, Marcus									
Business or Residence A	ddress (Number and Street	t, City, State, Zip Code)							
c/o Deseven Capital AB,	, Birger Jarlsgatan 13, 11	l 1 45 Stockholm, Sweden							
Check Box(es) that Appl	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fir	st, if individual)								
Löfstedt, Tom									
Business or Residence A	ddress (Number and Street	t, City, State, Zip Code)			•				
Hofstrasse 58a, 6300 Zu	ıg, Switzerland								
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fir	st, if individual)								
Bergström, Mattias									
Business or Residence Ad	ddress (Number and Street	, City, State, Zip Code)							
Folkskolegatan 16, 1173	35 Stockholm, Sweden								
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fire	st, if individual)								
Jones, Nicholas									
Business or Residence Ac	dress (Number and Street	, City, State, Zip Code)							
c/o Intuition Capital Ltd	i, 8 Princeton Court, Fels	sham Road, London SWI	5 1A2, United Kingdom						
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name fire	st, if individual)								
Rodert, Lars									
Business or Residence Ad	dress (Number and Street,	, City, State, Zip Code)							
Avenue du Manoir 15, 1	640 Rhode st. Genese, Be	elgium							
Check Box(es) that Apply	r: Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name firs	st, if individual)								
Steiner, Eugen									
Business or Residence Ad	tusiness or Residence Address (Number and Street, City, State, Zip Code)								
Bastugatan 36, SE-118 2	5 Stockholm, Sweden								
	(Use blank	sheet, or copy and use add	itional copies of this sheet	, as necessary.)					

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		···-		Managing Farmer
Lotsa SA	,				
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)	•		
2 Rue Carlo Hemmer, 1734	Luxembourg, Luxen	nbourg			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Deseven Capital AB					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
Birger Jarlsgatan 13, 111 45					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Asset Gallant Limited					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
Offshore Incorporations Cer					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
	S (Number and Street	t, City, State, Zip Code) Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Check Box(es) that Apply:	Promoter		Executive Officer	Director	_
Check Box(es) that Apply: Full Name (Last name first, if	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	_
Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director ☐ Director	_
Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres Check Box(es) that Apply:	Promoter individual) is (Number and Street	Beneficial Owner			Managing Partner
Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres Check Box(es) that Apply: Full Name (Last name first, if	Promoter individual) s (Number and Street	Beneficial Owner , City, State, Zip Code) Beneficial Owner			Managing Partner
Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres	Promoter individual) s (Number and Street	Beneficial Owner , City, State, Zip Code) Beneficial Owner			Managing Partner
Business or Residence Addres Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Addres Check Box(es) that Apply: Full Name (Last name first, if	Promoter individual) is (Number and Street Promoter individual) is (Number and Street Promoter	Beneficial Owner , City, State, Zip Code) Beneficial Owner , City, State, Zip Code)	Executive Officer	Director	Managing Partner General and/or Managing Partner

												
			w	B. IN	NFORMA'	TION AB	OUT OF	FERING		Ye	es No	
1. Has t	he issuer so	old, or does A	the issuer in	ntend to sel in Appendiz	l, to non-ace k, Column 2	credited inv , if filing u	estors in th	is offering?				
2. What	is the mini	mum inves	tment that v	vill be acce _l	pted from a	ny individu	al?	•••••		\$	642	
3. Does	the offering	g p er mit joi	int ownersh	ip of a singl	le unit?					Y	es No	
comm offeri and/o	nission or si ng. If a pen r with a sta	imilar remu son to be lis te or states,	neration for sted is an as list the nan	r solicitation sociated pe ne of the bro	ho has been n of purchaserson or age oker or deal may set fort	sers in conn nt of a brok er. If more	ection with er or dealer than five (5	sales of sec registered b) persons to	curities in the with the SE to be listed a	ne SC ire		
		ıme first, if	to the same of the			N/A				•		
Dusinas	a an Dagida	maa Addeaa	o (Niumbor	and Street	City State							
Busines	s of Reside	nce Addres	s (Mullioer	and Succi,	City, State,	Zip Code)						
Name of	f Associate	d Broker or	Dealer	· · · · · · -								
States in	Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	<u> </u>					
(Check	c "All State	s" or check	individual	States)							All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	me (Last na	me first, if	individual									
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name o	f Associate	d Broker or	· Dealer									·
States in	Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	3					
•			individual	•							All States	CT
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last na	me first, if	individual					.,				
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name of	f Associate	d Broker or	Dealer								<u> </u>	
<u> </u>	***** 1 T	**. 1	TT 0 1' '.	T 7 .	1 . 0 11 14	D						
			individual		ds to Solicit	Purchasers	•			<u>, </u>	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[ւռ]	[PC]	رعدا	[114]	$[\mathbf{v}_{\mathbf{I}}]$	[01]	[4 1]	[4 47]	[אי ייגו]	[** *]	[** 1]	[44 1]	[1.17]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USI	E OF PR	OCEI	EDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for					
exchange and already exchanged.					
Type of Security	c	Aggregate Offering Pr			ount Already Sold
Debt	\$			\$	
Equity	\$	917,066	5	\$	917,066
Convertible Securities (including warrants)	\$			\$	
Partnership Interests				\$	
Other (Specify)	\$			\$	
Total	\$	917,066	5	\$	917,066
Answer also in Appendix, Column 3, if filing under ULOE.					
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate llar Amount Purchases
Accredited Investors				\$	917,066
Non-accredited Investors				\$	
Total (for filings under Rule 504 only)				\$	
Answer also in Appendix, Column 4, if filing under ULOE.					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
Type of offering		Type of Security		Dol	llar Amount Sold
Rule 505				\$	
Regulation A				\$	
Rule 504				\$	
Total				\$	0.00
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees				\$	
Printing and Engraving Costs		•••••		\$	
Legal Fees			\boxtimes	\$	5,000
Accounting Fees				\$	
Engineering Fees				\$	
Sales Commissions (specify finders' fees separately)				\$	
Other Expenses (identify)		•••••		\$	
Total	•••••		\boxtimes	\$	5,000

E OFFERING PRICE; NUMBER O	EINVESTORS EXPENSI	S'AND U	SEOFPRO	CEEDS.	
b. Enter the difference between the aggregate offering pric Question 1 and total expenses furnished in response to Part the "adjusted gross proceeds to the issuer."	t C - Question 4.a. This differen			•	010.000
ine adjusted gross proceeds to ine assets.		•••••		2	912,066
5. Indicate below the amount of the adjusted gross proceeds					
used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The					
the adjusted gross proceeds to the issuer set forth in respon	se to Part C - Question 4.b abo			D	ments To
		Oi Dire	ments to fficers, ectors, & filiates	•	Others
Salaries and fees		□ \$		\$	
Purchase of real estate		□ s		□ \$	
Purchase, rental or leasing and installation of mac	hinery and equipment	□ \$		□ \$	
Construction or leasing of plant buildings and faci		□ \$		□ s	
Acquisition of other businesses (including the value	ne of securities involved in				
this offering that may be used in exchange for the another issuer pursuant to a merger)	assets or securities of	□ s		S	
Repayment of indebtedness		 \$		\$	
Working capital		\$		⊠ \$	912,066
Other (specify)		□ s		□ \$	
		\$		□ s	واختود والتواجية والمستحد والمتعدد السادوات
Column Totals		□ s		⊠ s	912,066
Total Payments Listed (column totals added)			⊠ \$	912,066	
D FI The issuer has duly caused this notice to be signed by the und					
following signature constitutes an undertaking by the issuer to its staff, the information furnished by the issuer to any non-ac-	furnish to the U.S. securities a	nd Exchang	e Commission	ı, upon writt	
Issuer (Print or Type)	Signature	<u> </u>	Date		
Voddler, Inc.	Mutoto		January	<u></u>	8
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Marcus Backlund	President				
	ATTENTION:				
Intentional misstatements or omissions of fa		nal violati	ons. (See 18	U.S.C. 10	01.)

